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2/200	25533 PHARMACIA & UPJOHN 301 HENRIETTA ST 0228-32-LAW KALAMAZOO, MI 49007 005 HDESTA2 00000034 230455 09992660 501 1400.00 DA		RECEIVED OIPE/IAP AUG 1 2 200:		I hereby certify that States Postal Service addressed to the M transmitted to the US	of mailing can only be used a finis certificate cannot be used mal paper, such as an assignment are of mailing or transmission. certificate of Mailing or Transmission this Fee(s) Transminal is being the with sufficient possage for final Stop ISSUE FEE address SPTO (571) 273-2885, on the contraction of the contractio	smission g deposited with the United st class mail in an envelope above, or being facaimile ate indicated below.
C:150					Cynthia D. Ber	mges	(Depositor's name)
G. 13V.					Cipania 1	U-Denges	(Signatura) (Daw)
٢	APPLICATION NO.	FILING DATE	1	FIRST NAMED IN		ATTORNEY DOCKET NO.	CONFIRMATION NO.
	09/992,660	11/14/2001	PAUL D. JO		HNSON	00118.US1	8503
ז	TITLE OF INVENTION: OXAZOLIDINONES HAVING A BENZANNULATED 6- OR 7-MEMBERED HETEROCYCLE						
	APPLN. TYPE	APPLN. TYPE SMALL ENTITY		E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$70		\$0	\$70	09/02/2004
	EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
	SAEED, KAMAL A		1626		514-221000	.'	
_	i. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indican PTO/SB/47; Rev 03-02 of Number is required.	Correspondence	(1) the names of up to 3 registered patent autorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered autorney or agent) and the names of up to 2 registered patent autorneys or agents. If no name is listed, no name will be printed. (1) the names of up to 3 registered patent autorneys of agents a member a registered autorney or agents. If no name is listed, no name will be printed.			Yang	
v	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Pharmacia & Upjohn Company Kalamazoo, MI 06/30/2004 WASFAW2 00000109-09992660						
	Please check the appropriate assignce category or eategories (will not be printed on the patent): 1 pairight Corpension of the private group entity Government						
4.	42. The following fee(s) are enclosed: Solution fee Solution						credit any overgayment to
_	Chunge in Entity Status (from status indicated above) 1. a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. 1. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). 1. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). 1. c. Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. 2. o. The Issue Fee and Publication Fee (if required) will not be accepted from unyone other than the applicant, a registered attended or ugent; or the assignce of other party in terest as shown by the records of the United States Patent and Trademark Office.						
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	Authorized Signature			Date 8-10-05			
	Typed or printed name	Robert N. Young	•		Registration	n No. 48,412	- <u>-</u>
		150.				the public which is to file (an minutes to complete, includin comments on the amount of the d Trademark Office, U.S. Dep. S. SEND TO: Commissioner	
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